

THE

# AMERICAN MEDICAL INTELLIGENCER.

Vol. I.

September 1, 1837.

No. 11.

## ART. I.—MEDICAL TOPOGRAPHY.—No. 2.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—  
THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD G.  
M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

That portion of our southwestern territory known as the Arkansas country, is comprised within the 31st and 39th parallels of N. latitude, and the 13th and 23d lines of W. longitude from Washington—including the state of Arkansas, and the country west, as far as the sources of the main Canadian river, and southwest to the Sabine. This country is abundantly watered; several rivers of the largest class cross it, and numerous tributaries course through it in almost every direction. A chain of the Ozark mountains is included in the limits. That part bordering on the lower Arkansas, White, Red, and Mississippi rivers, is generally flat, and subject to frequent overflows. Rich alluvial bottoms abound, covered in some parts with cane, and in others with a growth of swamp cypress, oak, and cotton-wood. Receding from the rivers, the country is for the most part prairie, until it passes north of Arkopolis, or "Little Rock." Here it commences breaking into "hill and dale, valley and mountain," interspersed with rich alluvial meadow lands. In the neighbourhood of Fort Gibson it is of a mixed character; but after crossing the Arkansas near this post, and following the trails to Camp Holmes, on the Canadian, and Coffee's trading station, on Red river, it is for the greater part prairie, and in the vicinity of streams subject to overflow; and hence has received the name of "*wet prairie land*," in contra-distinction to the dry prairies of Missouri, Illinois, and Wisconsin. These trails pass through the "Cross Timbers," a woodland ridge that stretches from northeast to southwest for several hundred miles; in some places but eight or ten miles broad, in others thirty and forty. A growth, mostly of scrub oak and dwarf hickory, covers this natural barrier, which stands between the "Pawnee Range" and the Arkansas; and separates, at present, the wild tribes from the emigrant Indians, whom the policy of our government has *transported* to this part of the far west. The Choctaws, Cherokees, and Creeks, are seldom seen, except when on a hunting frolic, in the Pawnee range; nor are the Cumanches, Pawnees, and Kioways, found on this side of the Cross Timbers. These latter tribes follow the buffalo, and that animal is now seldom found this side of the barrier.

It is not my purpose to enter fully into a description of our southwestern border; nor to give a detailed account of the whole topography. A few general observations on the nature of the soil, natural productions, and climate of that region, are all that my limits will allow me to furnish, as an introduction to the nature of the diseases that prevail there.

The prairies of the Arkansas country are mostly composed of deep

<sup>1</sup> Between Little River and the main Canadian, is a miry lagoon, called the "Buffalo Lake," sometimes covered with water to the extent of from fifteen to twenty miles by three and four. In 1835 we crossed it; then in a miry condition.

alluvial strata, superimposed upon limestone, abounding in *bivalve* shells within the state of Arkansas; and beyond the Canadian and Red rivers north, upon red sandstone and iron ochre. Traces of coal are frequently met with this side of the Canadian; but, as yet, no mines worth working have been discovered. Marine deposits are found in various parts of the state; and salt and sulphur springs abound. Some of the former are worked to good advantage, and several of the latter enjoy a high reputation, and I believe justly, for their medicinal effects in chronic disorders, particularly rheumatism and gout. West of the Canadian are many salt springs, extensive plains of encrusted salt, and hills of transparent *gypsum*. Several specimens of *selenite*, and natural *muriate of soda*, were obtained by Capt. David Perkins, of the 1st U. S. Dragoons, in 1835, whilst on an expedition into this unexplored region, in search of the Kioways, to bring them to council. The prairies are rich in vegetation. In spring, as far as the eye can reach, we behold an almost illimitable carpet of verdure, studded with the variegated hues of a thousand flowers, with scarcely a tree or hillock to interrupt the view. Several indigenous species of *mimosæ* are found upon these prairies; and I have myself noticed *three* varieties of the sensitive vine, the *pink*, *white*, and *yellow*—this last without prickles.<sup>1</sup> The streams are bordered with a luxuriant growth, mostly of cotton-wood, walnut, and elm. The country, in some parts, has fine springs and rivulets of pure water; but in many neighbourhoods it is hardly potable, owing to saline particles held in solution. That at Fort Gibson, from the wells, creates disgust to drink it—being both strongly saline and chalybeate—whilst that of the Arkansas, in the vicinity, is decidedly saltish; nor is that furnished by the Neasho, at the post, free from impurities.

I have passed the better part of two years in the prairie country of the Arkansas, and have noted particularly the climate. During this time, the atmosphere was generally surcharged with *moisture*, as indicated by heavy and long-continued rains, and uncommonly heavy dews and frosts. The seasons are irregular in their changes. The spring is variable, summer and autumn sultry, and the winter moist and cold—snow and ice not being infrequent. The thermal variations of this climate are surprising. In the summer of 1834, the temperature suddenly rose to 112° Fahrenheit at Fort Gibson, and the weather continued insupportably hot for some weeks. In 1835, the summer, on the grand prairies, two hundred miles west of that post, was remarkable for the insupportable heat of the days, and uncomfortable coolness of the nights. In June and July, 1836, at Fort Towson, on Red river, I have known the thermometer to vary 60° in the same twelve hours, and frequently 40° and 50°.

Owing to the great number of salt springs and licks in the Arkansas country, constantly liable to overflow upon the rich alluvial soil, and mixing with the dead vegetable matter every where abounding, the elevated temperature of summer occasions to be eliminated from these sources the most deadly of miasms. All writers of respectability agree that the *malaria* generated by the mixture of salt and fresh waters, upon an alluvial soil, with decaying vegetable matter, is much more sudden and deadly in its operation than that produced without the intermixture of saline particles. This has been noticed particularly in those parts of Italy, on the Mediterranean coast, subject to occasional inundations from the sea, where bilious congestive, remittent, and intermittent fevers of a malignant character, are usually rife.

<sup>1</sup> It is to be regretted that we have no full work upon the plants of our prairies. This desideratum would have been fulfilled, but for the unfortunate death of the amiable and talented Dr. Beyrick, of Prussia, who died at Fort Gibson, in 1834, a martyr to his zeal for science, and a victim to the climate of that "charnel house" of the army. Under commission from the king of Prussia, Dr. B. visited our country in quest of botanical science. He accompanied the 1st Dragoons in their expedition of 1834 to the far west; and, at the time of his death, had made many valuable additions to botany, having discovered and described numerous nondescript plants, and preserved specimens of many rare and beautiful orders.

I have been forcibly struck with the similarity of the diseases that prevail in the Arkansas country with those described by Cleghorn, M'Culloch, and others, as common in Mediterranean Europe. It is no longer surprising, however, when we consider the near assimilation of these countries to each other, in a medico-topographical point of view.

These few remarks on the medical topography of our southwestern country, will serve to introduce the *nature* of the diseases which prevail there; and enable the medical enquirer to better understand their characters, which will form the subject of our next number.

## ART. II.—ON THE USE OF THE STRAMONIUM IN NEURALGIA FACIEI.

BY DR. FERDINAND WENDELSTADT, OF HERZFELD.<sup>1</sup>

Dr. Wendelstadt does not pretend to be the first person who used the stramonium in cases of neuralgia faciei (Fothergill'schen Gesichtschmerz). He refers to Lentin, Marcet, Vaidy, Richter, Schmidtman, and others. He adopts, however, his own mode of administration, from which he has been so successful that he considers it as much a "specific" as the bark is in intermittent fever.

In ordinary cases, Dr. Wendelstadt gives half a grain of the extract; an hour afterwards he repeats the dose, and again two hours afterwards; and should no narcotic phenomena supervene, he repeats it again and again every other morning; but if, after the second dose, the patient complains of dryness of the throat, and troubled vision, the third dose is postponed. This course he adopts in all cases of idiopathic prosopalgia, even where they have persisted for months and years, except that in these last cases he continues the treatment for some days after the pain has disappeared.

In obstinate cases, he rubs, twice a day, on the seat of pain, an ointment, composed of unguent. hydrarg. ciner. ʒj, antim. tartar. ʒj, as recommended by Mr. Scott,—or one composed of unguent. rosat. ʒj, hydrarg. proto vel. deuto-ioduret. ʒj, according to the condition of the skin; and washes the parts with a solution of muriate of ammonia in rose water. This plan is continued until an eruption is induced.

Signs of narcosis generally disappear after a short sleep, aided, if necessary, by the internal use of lemon juice or vinegar. Dr. Wendelstadt refers, however, to one or two cases, in which considerable stupor and deprivation of vision followed the use of the remedy; but they ultimately disappeared, and with them neuralgia of long duration.

## ART. III.—ON THE STILL-BORN.

BY THE EDITOR.

Dr. Avery has entered at some length—in a communication recently published<sup>2</sup>—into an enquiry "on the causes of the great proportion of still-born children in our large cities over those of London;" but we do not think he

<sup>1</sup> *Journal der praktischen Heilkunde*, von Hufeland und Osann. Nov. 1836, s. 100.

<sup>2</sup> *Transactions of the Medical Society of the State of New York*, vol. iii., P. 2, p. 179. Albany, 1837.

has thrown much light on the subject, and this owing mainly to the intrinsic difficulty of the enquiry.

Let us examine into a few of the facts arrived at by medical *statisticians*, always bearing in mind the remark of M. Quetelet,<sup>1</sup> that "few statistical documents are more subject to erroneous indications than those relating to the still-born; yet, when a ratio is maintained pretty constantly, with but slight variations, and the data have been collected under different administrations, there is great reason for the belief that they are not very remote from the truth."

Casper, in his *Memoir on the Mortality of Infants in Berlin*,<sup>2</sup> gives the proportion of the still-born to the total number of births in different cities of Europe, to which we have added those of some of the principal cities of this country.

Places.	Births for one still born.	Authority.
Strasbourg,	11	Friedlander.
Boston,	13.8	Avery.
Hamburg,	15	Casper.
Amsterdam,	16.9	Quetelet.
Dresden,	17	Rambach.
New York,	17.7	Avery.
Philadelphia,	18.1	Emerson.
Paris,	19	Baumann.
Berlin,	20	Casper.
Vienna,	24	do.
London,	27	Black.
Brunswick,	33	Rambach.
Stockholm,	36	Wargentin.

The average number, according to this table, is twenty-one, which does not differ materially from that of Berlin. From the statistics of that city, it would appear that the ratio fluctuates considerably in different periods.

Periods.	Births for one still-born.
From 1758 to 1763	23.5
1764 to 1769	20.2
1770 to 1774	17.7
1785 to 1792	18.6
1793 to 1800	20.0
1801 to 1808	18.6
1812 to 1821	19.7

Mean—19.8

From the estimates of Dr. Avery, it seems that in New York the number, during the years 1816, 1817, 1818, 1819, and 1820, was 1 in 21.8; and in 1825, 1826, 1827, and 1829, 1 in 16.5.

In Boston, again, the proportion in 1820, 1821, 1822, 1823, and 1824, was 1 in 12.3; and in 1825, 1826, 1827, 1828, and 1829, 1 in 15.6.

In Philadelphia, the fluctuation was much less. In the years 1807, 1808, 1809, 1810, and 1811, the ratio was 1 in 17.7; and in the years 1822, 1823, 1824, 1825, and 1826, 1 in 17.4.

Casper states his conviction that the number of the still-born, compared with the births, is much greater in town than in country, and his opinion

<sup>1</sup>Sur l'Homme et le Developpement de ses Facultés, p. 122. Paris, 1835.

<sup>2</sup>Ueber die Sterblichkeit der Kinder in Berlin. Beitrage zur Medizinischen Statistik, u. s. w. Berlin, 1825; and Quetelet, *op. cit.*



has been confirmed by M. Quetelet, in Western Flanders, from observations made from 1827 to 1830 inclusive.

	Mean number of Births.	Still-born.	Ratio in.
Towns,	5424	266	20.4
Country,	14637	383	38.2

These estimates make the number of the still-born in towns nearly double that of the country.

Another singular fact has been derived from these enquiries—that the mortality is greater among boys than girls. Of 2597 still-born in Western Flanders, 1517 were males, 1080 females, which yields a ratio of about 14 to 10, a difference exhibited by the bills annually, and therefore, as M. Quetelet infers, owing to some special cause.<sup>1</sup> At Berlin, from 1785 to 1794, 1518 males were still-born, and 1210 females; from 1819 to 1822, 771 males, and 533 females; the ratio being 28 to 20, according to Casper, and consequently the same as in Western Flanders. In Amsterdam, in a space of twelve years, from 1821 to 1832 inclusive, the proportion was as 244 to 186, or about as 13 to 10, and in the *Annuaire du Bureau des Longitudes*, for the years between 1823 and 1832 inclusive, the proportion in Paris is stated as 12.2 to 10.

Season, again, appears to exert some influence, the greatest number of still-born occurring during the winter months. Dr. Avery refers only to the city inspector's reports of New York for the years from 1819 to 1828 inclusive. The number during the months of December, January, and February, was 557; during July, August, and September, 547; but further observations on this point are necessary. The same fact is shown by the mortuary registers of Berlin and Western Flanders, during the years from 1827 to 1831 inclusive.<sup>2</sup>

Another statistical fact, which may constitute an additional point of departure for our deductions on this topic of anthropology, is, that the ratio of still-born amongst the products of illegitimate conception is greatly preponderant. Thus, at Göttingen, of 100 births, 3 legitimate children were still-born, and 15 illegitimate. At Berlin, the still-born in 100 illegitimate births, during the half of the preceding century, were three times more numerous than the still-born in 100 legitimate births, and this state of matters has not been much ameliorated; for, during the four years from 1819 to 1822, there was 1 still-born in 25 legitimate births, and in 12 illegitimate.

Lastly, it has been found at the *Hôpital des Vénériens*, at Paris, that there were two premature births in every six or seven accouchements.<sup>3</sup> At Hamburg, during the year 1820, in a house into which scarcely any but public women labouring under the venereal disease were admitted; 6 were still-born in 18 illegitimate births; and in another house, in the same city, also inhabited by public women, in 93 births, 11 were still-born.

Can we, then, from these facts, deduce any thing plausible as to the causes of the greater ratio of still-born in some cities than in others; in civic than in rural life; amongst the male infants rather than the female; in the winter than in the summer; and in the illegitimate rather than the legitimate. It is a most interesting but difficult enquiry, into which Dr. Avery

<sup>1</sup> Op. cit., p. 123.

<sup>2</sup> Quetelet, op. cit., p. 128.

<sup>3</sup> Dugès, *Recherches sur les Maladies des Nouveaux-nés*, Paris, 1824; and Quetelet, op. cit., p. 129.

has entered at some length; and into which we may enquire, hereafter. This much would appear manifest, that where the constitution of the mother is diminished in energy from any cause, the child is less likely to be born alive, or, if born alive, to be healthy; hence we may account, in part, for the greater proportion of still-born in town than in country; in the case of the illegitimate than the legitimate; in the venereal hospitals than elsewhere. The large mass of illegitimate impregnations take place in wretched life, and, where they do not, undue pressure is apt to be had recourse to, with the view of concealment, which can scarcely fail to interfere with the due nutrition of the fœtus in utero. But how are we to explain the greater proportion of still-born in the winter months, and especially in the male sex? In the case of seasons, the difference is not very marked, and we may pass it over; but the latter—the greater proportion of still-born males—appears to be marked, and universal. A conjecture—a mere conjecture, we regard it—has been hazarded and repeated by M. Quetelet: that as the conception of a boy supposes a certain excess of force in the female, the same excess is needed during pregnancy, and should this fail, the child will suffer much more if a boy than a girl; hence the disproportion amongst the still-born in the two sexes; hence, also, the greater mortality amongst boys immediately after birth, and during lactation, a period during which they are still connected, in some measure, with the mother. It is evident, also, that females in cities, who are more delicate than those in the country, will be more liable to bring forth dead children, especially if they carry boys.<sup>1</sup>

We say nothing here of the destructive influence which the *secale cornutum* or Ergot has been said to exert on the fœtus in utero. Its agency obviously cannot be invoked to explain these various phenomena.

The subject of the still-born is one of those deeply interesting topics of "vital statistics" which require fresh and fresh examinations. We have adduced a few materials for thinking, which may lead to farther investigation.

---

#### ART. IV.—SOLID NITRAS ARGENTI IN THE GONORRHŒA OF FEMALES.

The numbers of the "London Medical Gazette,"<sup>2</sup> recently received, contain some communications on the advantages of the application of solid lunar caustic in the gonorrhœa of females.

Dr. Hannay, professor of physic in Anderson's University, Glasgow, affirms, that he has repeatedly seen the discharge cease, never to return, in twenty-four hours. On the day after its application, he has often seen it changed in character, lose its purulent form, and disappear in twenty-four hours more. These cases he has repeatedly kept under his eye for a month, and he declares that, in the proportion of 95 in 100, there was no return of the discharge; and although, in some few cases, there was a little pain produced, in by far the greater number of instances no pain was experienced from the introduction, and most free application, of the caustic. In no case

<sup>1</sup> Op. citat., p. 124.

<sup>2</sup> May 6th, 1837, p. 185

has he observed any bad effects resulting from its employment. The following is Dr. Hannay's method of using it:—

"Introduce a stick of nitrate of silver into a quill, and tie a thread firmly round the lower part of the quill, to fasten the caustic, which I leave projecting beyond the quill about half an inch. I generally smear the quill with a little lard, and introduce the nitras argenti up to the os tinæ or as far as it can be made to ascend in the vagina. I then deliberately and slowly withdraw it, turning it round so as to bring it in as extensive contact as possible with the lining membrane of the vagina."

Dr. Hannay adds, that, by accident, the nitrate of silver has more than once broken in the vagina, and could not be found; but, although the accident caused him much alarm and anxiety at first, he never found it followed by any inconvenience.

In subsequent numbers of the "*Medical Gazette*," there is a communication from Dr. Thomas Palethorpe, of London, as to Dr. Hannay's claims to priority in the use of the nitrate in such cases, which he contests, stating that Dr. Jewel had recommended it in a little work on *Leucorrhœa*, "so long since as the year 1830." This is, however, a matter of but small moment. We have cited Dr. Hannay's remarks for their practical utility.

#### ART. V.—CASE OF FRACTURE OF THE SKULL, WITH DEPRESSION.

BY M. MAUGEIS, M. D., OF HERBLAY, SEINE ET OISE, FRANCE.<sup>2</sup>

The following case, although by no means unique, is interesting, inasmuch as it shows, contrary to the idea of many, that in all such injuries the trephine should be had recourse to; although nothing, to our mind, is better established, than that this operation should not be employed except for the removal of existing bad symptoms, or of conditions that render their super-vention apparently inevitable.

A man, thirty-seven years of age, was carrying, with three of his comrades, a piece of wood, fourteen inches thick and twelve feet long, the extremity resting on his shoulder, when they sank under the weight, and let go the wood, which struck him on the right side of the head. He remained for some time without exhibiting any signs of life; the blood flowing from his mouth and nostrils. He was laid on the bed, and M. Maugeis was sent for,—rather, he says, to satisfy them that he was dead, than to afford the sufferer surgical assistance.

On examining his head, there was no solution of continuity in the soft parts; but almost all the middle portion of the right side was depressed. The longitudinal diameter of the depression, which began immediately above the frontal sinus, was four inches; the transverse diameter, three and a half; and the depth, about three lines.<sup>3</sup>

Three fractures were readily distinguishable. He was in a state of coma: the face pale; respiration moaning; and pulse full.

Under the antiphlogistic treatment, not pushed to any great extent—for in all the patient was bled but twice from the arm, and had leeches applied

<sup>1</sup> May 13th, 1837, p. 256.

<sup>2</sup> *La Lancette Française*, Nov. 1836.

<sup>3</sup> Twelve lines to the inch.—*Ed.*

once—he recovered so rapidly, that on the fourth day, he got up and walked about his room, complaining only of considerable weakness in his lower extremities, and of buzzing in his ears, which, according to M. Maugeis, still continued at the time he reported the case. It is not certain, by the way, that encephalic symptoms did not subsequently supervene, as M. Maugeis must have published the case a few weeks only after the occurrence of the accident.

The editor of the "*Lancette Française*" has the following amongst other remarks on this case:—

What is the source of the blood, which in such cases is discharged from the nose, throat, and ears? Authors are not sufficiently lucid on this point. When the fluid does not proceed from any external injury of these parts, the source must be looked for elsewhere. Often the discharge is owing to a fracture of the base of the skull, or rather to a lesion of the soft tissues contained in it; the blood filtering externally through the natural opening of communication with the facial organs of the senses. Hence practitioners are properly alarmed at the appearance of this symptom. Can it be supposed that in M. Maugeis's case the naso-buccal discharge was owing to a fracture at the base of the skull? Certainly not; because in such case there would have been other symptoms, and the patient would not have been so soon cured. Every thing induces the presumption, that with him the blood either proceeded from a blow on the nose, which he had received in falling, or else to a simple lesion of the meninges.

Another circumstance, worthy of consideration, is, the depression of the vault of the cranium, and the cure without any unpleasant symptoms, notwithstanding the depression continued. A multitude of facts has long shown, that the encephalon can become accustomed to bear with impunity a certain degree of pressure; and that when, in cases of fracture with depression, the brain and the meninges have not been greatly contused or lacerated, the cure may take place under the sole influence of blood-letting, repeated according to circumstances. We have said "a certain degree of pressure," because it is well known, that beyond these limits the action of compression induces apoplectic death, unless relief is speedily afforded by the trephine. Let us refer, by the way, to some facts which resemble the above.

A man was struck on the head by a splinter from a grenade. He fell, deprived of consciousness. The right parietal bone was considerably depressed. He got well without the trephine, notwithstanding the continuance of the depression. Ten years afterwards he died of another disease. J. L. Petit opened his skull, and found the middle part of the right parietal bone broken, making a projection at the internal surface of the cranium, and compressing the dura mater. This great practitioner exclaimed, on the occasion of this fact, "If they had trepanned this man, he might, perhaps, have lived ten years less!"

A child had the skull depressed, nearly as in the preceding case. Its mother opposed all kind of treatment. The coma gradually disappeared, and the cure was complete. J. L. Petit said to the woman, who was calling out at the miracle, "We owe all to nature; and, perhaps, you ought to be more obliged to your ignorance than to our knowledge."

The editor of "*La Lancette*" concludes by remarking that Quesnai, Dupuytren, Abernethy, Hennen, Fichet de Fleury—and he might have added many others—relate a number of facts similar to those of M. Maugeis.

Some years ago, a medical friend invited us to examine the case of a child who had fallen from the parapet of a bridge, which produced a depression of the parietal bones, of the size of the bowl of a tablespoon, without the super-



vention of any signs of cerebral compression or concussion. Yet we occasionally observe full coma induced by extravasation of blood in the brain, to no greater extent, perhaps, than the size of a pin's head!

#### ART. VI.—EXTRACTION OF A FOREIGN BODY FROM THE FEMALE BLADDER.

BY M. THOMAS.<sup>1</sup>

A lady of rank, aged thirty-four years, mother of many children, was seized, without appreciable cause, with a retention of urine. The husband, who was very well versed in the reading of books relative to diseases of the urinary passages, had taken upon himself to make his wife pass her urine. He took an ivory ear-pick, which he introduced into the urethra; the urine flowed immediately; but the quantity of liquid, passed by it, having appeared too small, he thought he ought to reintroduce the same instrument more deeply still. This time, the ear-pick slipped, escaped from his fingers, and fell into the bladder.

From that moment, the train of symptoms peculiar to stone manifested themselves.

M. Thomas was called six hours afterwards; he passed a sound into the bladder and felt the foreign body; he then introduced a very fine polypus forceps by the urethra, and seized it easily; but its extraction was impossible by this means. The woman had suffered much, and passed blood in quantity; the foreign body presented itself cross-wise only to the forceps.

He prescribed for the patient to drink a mucilaginous liquid plentifully, and to bend forward with force every time she was called to pass her urine.

The next day, cysto-peritonitis. He immediately proposed the operation of lithotomy, which was objected to by the husband. M. Thomas was then obliged to advise other remedies.

He introduced a tent of sponge, three inches in length, into the canal of the urethra; and secured it with a thread, attached in the direction of its great diameter, and tied to the two extremities of the tent. Two hours after, the urine having penetrated and swelled it, he replaced this tent by a larger one.

Two hours later, he was able to pass his index-finger as far as the bladder, and there touched the ear-pick, near the neck of the bladder, placed transversely; he displaced it and put it parallel to the canal of the urethra; he took away his finger, and the foreign body was driven out immediately.

The urine continued to flow involuntarily during six hours; it then resumed its natural course under the control of the will. The woman recovered perfectly.

#### ART. VII.—BROUSSAIS ON THE GRIPPE.

The following extract from a Lecture on the *Grippe*, taken in short-hand by M. Foucart,<sup>2</sup> is signally characteristic of the egotism, dogmatism, and, we might say, occasional charlatanism of one to whom the profession has, notwithstanding, been indebted for much useful information. M. Broussais's treatment of the *grippe* seems to consist essentially in blood-letting and revulsives.

<sup>1</sup> La Lancette Française, Mars 21.

<sup>2</sup> La Lancette Française, Nos. 31 and 32, Mars 11, 1837.

What have post-mortem examinations exhibited? They are now regarded as the supreme oracle in diseases, as adapted to permanently throw light upon pathological anatomy, which is the source of all medical knowledge.

Well, what have they exhibited? For the entity *grippe*, they set forth nothing; they who have it in the first degree do not die, and they only have the *grippe* according to ontologists; pathological anatomy then teaches these gentlemen nothing.

When the patient dies of it, it is no longer the *grippe*, but a complication. But, unhappily for you, who tells you that this man would have had this affection of which he died, if he had not had the *grippe*? We say that it is an inflammation, which you did not know how to stop, and which has produced it. We tell the truth; we will not enumerate an insignificant set of symptoms, that no one can remember, which will escape the best memory. Our business is only to present them in the order which they affect. Autopsy, then, has taught these *grippists* nothing, because they have found the comprehensive word "complication," and they have just told you that the divine entity, the beautiful creation, called *grippe*, does not kill.

Good sense prompts me to make these assertions. I am almost ashamed to confess it; ontological medicine will never be any thing but a humbug (*balourdise*.)

What do the eclectic physicians say? These men who place themselves on a mountain higher than Parnassus, and who tell you with pride, "I take a bird's-eye view of all the symptoms; I am the eagle." Poor eagles! You see the works of these eagles.

Here are the results which they give:—The *grippe* is a slight malady, which kills no one; but you must never bleed; if you bleed, it will become dangerous. And when they have written that, they subscribe to it with the greatest naiveté and simplicity. And what happens then? When the physiological physician is now called in, and says to you, "The disease is serious, we must bleed;" they reply to him; "But, sir, such and such a journal has said that the *grippe* is a slight affection, and that bleeding is unnecessary." Whence does this come, gentlemen? It comes from French frivolity; every one wants to invent. But remember that few men can invent; that many ought to give up inventing, and endeavour to instruct themselves. Slight cases were observed at the commencement of the epidemic, and, after that, people immediately said, "The *grippe* is a slight disease, which does harm to no one; there is no occasion for medicine."

They have said it is a slight disease, about which there is nothing serious. Upon the faith of this assertion, the disease has been badly treated, and unpleasant symptoms have supervened. These men, then, reconsidered their assertion, and said, "The *grippe* may be the occasion of a serious malady, if there be any predisposition." But the physiologists had known this long; you ought also to know it, and you would not have committed this *butterflyism* (*papillonage*), by writing in a wrong and contradictory manner. All these spies (*inspecteurs*) at the upper part of the amphitheatre, who come to listen for an instant,—"What does this original Broussais say, then?"—who shrug their shoulders and go away; these are people of that calibre.

The have said, yes, it is true, this *grippe* has influence upon other diseases; they have said the *grippe* has caused all that; but not the *grippe* as you have seen it; it is more than that. Hence another false prognostic. And self-love is the cause of it, which is a terrible sentiment, especially in France. When we have asserted any thing, even if proved false, were we to have our heads cut off, we would still maintain it.

It has been attempted to separate the *grippe*, a slight disease, from the complication of *grippe*. *Grippe* has been acquitted, and declared innocent of all the murders which have taken place.

ART. VIII.—PROTO-IODIDE OF IRON IN SYPHILIS, GONORRHEA, &c.

M. J. J. L. Rattier<sup>1</sup> reports, that M. Ricord, in his practice at the *Hôpital des Vénériens*, of Paris, has found the very best effects from the internal use of the iodide of iron, in cases where tonics require to be combined with anti-syphilitic remedies, especially where any scrofulous vice (*lymphatisme*) constitutes a complication. He administers it, also, with great success, to remove the consequences of syphilis, and has found it advantageous as an alterative in tonic ulcers of the legs, and in spreading ulcers of the throat, which have been aggravated or have not yielded to mercury.

"In many cases," says M. Rattier "of caries of the bones of the cranium, face, tibia, &c., the separation of the dead parts has been obtained by the administration of the iodide of iron in a high dose, one half sooner than by the use of the means commonly employed. We have frequently seen an active caries stop before any other general effects of the agent were observable. In short, in scrofulous lymphatic subjects of weak constitution, chronic discharges from the urethra and vagina have, at times, been cured with remarkable promptitude under the influence of M. Ricord's new medication."

The strength of M. Ricord's solution is half a dram of the iodide to eight ounces of water—given, we presume, in the twenty-four hours.

In a subsequent communication in the same journal,<sup>2</sup> M. Rattier gives an account of the use of the same agent, in the way of injection, in cases of blennorrhœa. In every case in which tonic astringent injections are indicated, the iodide, in the opinion of M. Ricord, ought to occupy the first rank. Its use, he says, can only be contra-indicated when there is much inflammation or pain in passing the urine, or when cystitis exists.

The strength of the injection should be three grains to the ounce of water.

---

ART. IX.—ON THE INJURIOUS INFLUENCE OF THE SECALE CORNUTUM ON THE FŒTUS IN UTERO.

It has been suggested, that the more frequent use of the ergot of rye, with the view of hastening parturition, may partly account for the greater number of still-born now than formerly. It has been maintained by several, that the ergot is positively injurious, not only to the fœtus in utero, but likewise to the mother.<sup>3</sup> But even if we admit this to be true, and that the number of still-born is greater than formerly,—which, however, is by no means the case—its influence can be but small, and cannot be invoked to explain many of those statistical differences that we have pointed out in a former article.

Indeed, as Dr. Avery has affirmed,<sup>4</sup> the opinion that the mortality is owing to the ergot, has been advanced without any positive evidence to support it, and rests upon suspicion alone. "That this drug," he adds, "is capable

<sup>1</sup> La Lancette Française, 4<sup>me</sup> Fevrier, 1837, No. XV.

<sup>2</sup> 16<sup>me</sup> Fevrier.

<sup>3</sup> Jörg, das der Gebrauch innerer Reizmittel zur Beförderung der Geburt des Kindes unnöthig, fruchtlos, und gesunden Frauen sogar schädlich sei, s. 54, Zeitz. 1830; and Chavasse, in Transactions of the Provincial Medical and Surgical Association, vol. iv. p. 306. Lond. 1836.

<sup>4</sup> Transactions of the Medical Society of the State of New York, vol. iii. pt. 2, p. 185. Albany, 1837.

of producing the death of the fœtus, if given under certain circumstances, is the opinion of many of the most eminent practitioners; but that it is so administered sufficiently often to perceptibly affect the bills of mortality will hardly be credited by those who are well acquainted with the members of the medical profession in our cities, and especially in the absence of all proof on the subject."—p. 186.

#### ART. X.—APPLICATION OF LEECHES TO THE SCHNEIDERIAN MEMBRANE IN HEADACHE.

Dr. John Walker has recently published some cases of decided advantage, obtained from the application of leeches to the Schneiderian membrane.<sup>1</sup> He asserts that he has "found much benefit from this mode of treatment in the painful headaches peculiar to pregnant females; in those arising from irregularity or total suppression of the catamenia in plethoric habits; and a few depending upon biliary derangement." He relates five cases of headache, in which from one to four leeches, applied to the membrane on each side of the septum of the nose, were productive of immediate and permanent relief.

Our readers will find this plan recommended by Dr. Wardrop, in his treatise on "Blood-letting," (p. 64) reprinted in the first number of this "Library." We have employed it with marked advantage in several cases of ophthalmia, which had not yielded to general bleeding, collyria of nitrate of silver, cathartics, &c.

#### BIBLIOGRAPHICAL NOTICES.

##### *Tuckerman on Santa Cruz as a Winter Residence for Invalids.*<sup>2</sup>

This letter is from the pen of a most intelligent philanthropist, whose name is well known over every part of this extensive country, but especially in Boston—the main seat of his beneficent exertions—and it is addressed to the excellent professor of anatomy in Harvard University. It contains the results of the author's experience regarding the climate of Santa Cruz, as a winter residence, and should be read by every physician, and by every invalid who contemplates an expatriation to shun the rigours of a northern winter.

"As far as my observation and capacity of judging," says Dr. Tuckerman, "enabled me to form a correct opinion upon the subject, I was led to the conclusion, that there were but two classes of invalids, among those who passed the last winter in Santa Cruz, who derived any considerable benefit from the change of climate, for which they went there. These were, first, patients suffering under pulmonary affections; and, secondly, those who had suffered from rheumatism. The relief found by this last class of patients was very great. And great, also, was the relief expe-

<sup>1</sup> British Annals of Medicine, March 31, 1837; and British and Foreign Medical Review, No. VII, for July, 1837, p. 251.

<sup>2</sup> A Letter respecting Santa Cruz as a Winter Residence for Invalids; addressed to Dr. John C. Warren, of Boston, Mass. By Joseph Tuckerman. 8vo. pp. 27. Boston, 1837.

rience  
But i  
even  
that  
tropi  
from  
to pre  
be so  
no sn  
that  
pass  
We

We s  
of the  
librar  
profes  
dress.

Inf  
wifery  
to a g  
day.  
incon  
tigatio  
M.  
cated  
nile"  
munic  
which  
as foll

<sup>1</sup> Pat  
of the  
&c. T  
Treatm  
and al  
Society  
Anat  
under t  
compar  
life of  
from th  
Medica  
<sup>2</sup> Sur



rienced by those who had not passed the first stages of pulmonary affections. But if ulceration have begun in the lungs, I believe that it will not there even be retarded in its progress. I was told, indeed, by physicians there, that in decidedly consumptive cases disease is much more rapid in the tropical regions than with us. Persons of biliary habits will suffer more from them there than at home; and will be more exposed than any others to prevalent intermittent fevers. And, for the healthy, the last change to be sought for gratification is a residence in the West Indies. It will be at no small cost of physical, as well as of intellectual and moral enjoyment, that one who has health, and who knows how to use it, will unnecessarily pass even five or six months there." p. 17.

We shall have occasion, hereafter, to refer to this interesting pamphlet.

—

*Bowditch's Editions of Louis on Phthisis, and on Fever.*<sup>1</sup>

We strongly recommend these valuable works, by the distinguished author of the "Numerical Method," to the attention of the professional reader. No library ought to be regarded as complete without them. The thanks of the profession are due to Dr. Bowditch for presenting them in so favourable a dress.

*Influence of the Hours of the Day on Births.*—Every practitioner in midwifery must have been impressed with the conviction that he has been called to a greater number of parturient females during the night than during the day. This conviction, doubtless, arises in part from the feeling of greater inconvenience to which these nocturnal calls give rise; yet statistical investigations exhibit that the conviction is founded in fact.

M. Quetelet,<sup>2</sup> in investigating this subject, made use of results communicated to him by Dr. Guiette, who was, at the time, attached to the "*Maternité*" of the Hôpital Saint Pierre, of Bruxelles. These results were communicated to M. Villermé, who found them entirely analogous to those at which he had arrived in the case of the "*Maternité*" of Paris. They were as follows, estimated in periods of six hours:—

Hours.	1811—1822	Births.	1827—1828
Before midnight, . . . . .	798	. . . . .	145
Before mid-day, . . . . .	614	. . . . .	119
After mid-day, . . . . .	574	. . . . .	119
Before midnight, . . . . .	694	. . . . .	148
Total,	2680		531

<sup>1</sup> *Pathological Researches on Phthisis.* By Dr. P. Ch. A. Louis, Doctor in Medicine of the Faculties of Paris and St. Petersburg; Physician to the Hospital La Pitié, &c. &c. Translated from the French, with introduction, notes, additions, and an Essay on Treatment, by Charles Cowan, M. D. E., M. D. P., M. R. C. S. E., &c. &c. Revised and altered by Henry I. Bowditch, M. D., Fellow of the Massachusetts Medical Society, and Member of the Society for Medical Observation, at Paris. 8vo. pp. 550.

Anatomical, Pathological, and Therapeutic Researches upon the Disease known under the name of Gastro-enterite, Putrid, Adynamic, Ataxic, or Typhoid Fever, &c., compared with the most common Acute Diseases. By P. Ch. A. Louis, President for life of the Society for Medical Observation, at Paris, &c. (with a motto). Translated from the original French by Henry I. Bowditch, M. D., Fellow of the Massachusetts Medical Society, &c. &c. 2 vols. 8vo. pp. 395, 462.

<sup>2</sup> *Sur l'Homme*, i. 102, Bruxelles, 1835.

From this table it appears, that the births were more numerous in the night than in the day; the ratio for the eleven years, from 1811 to 1822, being 1492 to 1188, or as 1.26 to 1, and for the two years of 1827 and 1828, 293 to 238, or as 1.23 to 1. This makes nearly five children born during the night for four born during the day. The researches of Dr. Buek,<sup>1</sup> of Hamburg, cited by M. Quetelet, make the ratio as 1.31 to 1.

M. Quetelet affirms that, from private observations, the births are generally least numerous about the hours of midnight and mid-day.

*Dr. T. R. Beck's Statistics of the Blind in the United States.*—We extract the following table, which was communicated by the author to the "Transactions of the New York State Medical Society." It shows the number of the blind in each state, with the proportion in the United States, as indicated by the census of 1830. (Proportion, 1 in 2363.)

States, &c.	Whites.	Slaves and coloured Persons.		Total.
Maine . . . . .	159	1		160
New Hampshire . . . . .	105			105
Massachusetts . . . . .	218	5		223
Rhode Island . . . . .	56	8		64
Connecticut . . . . .	188	7		195
Vermont . . . . .	51			51
New York . . . . .	642	82		724
New Jersey . . . . .	205	22		227
Pennsylvania . . . . .	475	28		503
Delaware . . . . .	18	11		29
Maryland . . . . .	147	124		271
Virginia . . . . .	355	438		793
North Carolina . . . . .	223	161		384
South Carolina . . . . .	102	136		238
Georgia . . . . .	150	123		273
Alabama . . . . .	68	48		116
Mississippi . . . . .	25	31		56
Louisiana . . . . .	36	77		113
Tennessee . . . . .	176	37		213
Kentucky . . . . .	169	83		252
Ohio . . . . .	232	6		238
Indiana . . . . .	85	2		87
Illinois . . . . .	35	4		39
Missouri . . . . .	27	10		37
Michigan . . . . .	5			5
Arkansas . . . . .	8	2		10
Florida . . . . .	3	16		19
District of Columbia . . . . .	11	8		19
	3974	1470		5444

*University of Virginia.*—The vacant chairs of anatomy, physiology, and surgery, and of pathology, obstetrics, and medical jurisprudence, in the University of Virginia, have been recently filled by the appointment of Dr. James L. Cabell, of Virginia, to the former, and of Dr. Robert E. Griffith, recently of the University of Maryland, and previously of Philadelphia, to the latter.

These are, doubtless, good appointments. Of the intellectual qualifications of the former of the gentlemen, we have had the most ample opportunity.

<sup>1</sup> *Nachricht von dem Gesundheits-zustande der Stadt Hamburg.* Von N. H. Julius, s. 157. Hamburg, 1829.

nities for judging. Whilst a student of the institution—to a highly responsible situation in which he has been so honourably appointed—he was distinguished for the ability and assiduity displayed during the whole of his collegiate career, which terminated in his acquiring the mastership of arts—an honour not gained after a simple residence of a certain period within the walls of the institution, but requiring an extensive knowledge of the departments, the study of which is considered indispensable in the candidate for the *summi honores*. After leaving the University of Virginia, Dr. Cabell became, for a time, the private pupil of the editor of this journal, and followed the medical lectures in the University of Maryland, where he graduated. During his attendance on the lectures at that institution—during a long residence in the Baltimore Almshouse, and, subsequently, whilst in Philadelphia—and at the *Ecole de Médecine* of Paris, he had full opportunity for developing the powers of an intellect naturally strong, and of adding extensively to his professional and general information. As a lecturer, he is yet untried; but if he should possess the power of communicating his knowledge at all in a ratio with the extent of that knowledge, he will make one of the most successful medical teachers in the Union.

---

*Jefferson Medical College.*—The number of students during the last session of this college—according to the “annual announcement,” just published—was 317; the number of graduates, 125. The *October course* of lectures will begin on the first Monday of the month; the *regular course* will begin on the first Monday of November, and terminate on the first day of March.

---

#### NECROLOGY.

*Professor Lauth, of Strasbourg.*—Died, at Strasbourg, about the end of March, in the 33d year of his age, Dr. Ernst Alexander Lauth, professor of physiology in the University of Strasbourg, a situation which he had filled only a few months. The office of prosector and *chef des travaux anatomiques* he had held for many years with great credit to himself and to the institution. He graduated at Strasbourg in 1824, his inaugural dissertation being “*Sur les Vaisseaux Lymphatiques*,” a subject which he afterwards zealously prosecuted. His chief work was his “*Nouveau Manuel de l'Anatomiste*,” published in 1829; a second edition of which was issued in 1836.

---

*Dr. William Cummin.*—This gentleman, who was lecturer on medical jurisprudence in the Aldersgate Medical School, died on the 10th of April last, in the 37th year of his age. His lectures on medical jurisprudence, delivered in the winter of 1836, were published in the London Medical Gazette. The subject had long occupied his attention, as his valuable lectures sufficiently exhibit.

---

*Dr. Rasori.*—This distinguished systematist died at Milan, on the 13th of April, at the age of 75. Dr. Giovanni Rasori was the founder of the doctrine of contra-stimulus—the *nuova dottrina medica*—which he substituted in the place of Brunonianism, of which he had been the zealous supporter.

*Letter from Dr. Oppenheim, of Hamburg.*—The editor may, he trusts, be pardoned, both by Dr. Oppenheim and the readers of this journal, for introducing into its pages the following liberal—although, he fears, unmerited—tribute from Dr. Oppenheim, of Hamburg, the enlightened *redacteur en chef* of the *Zeitschrift für die gesammte Medicin*—his co-editors being the distinguished Dieffenbach of Berlin, and Fricke of Hamburg. The editor need hardly say how highly he appreciates the honour, emanating from such eminent individuals, to all of whom he is personally unknown, and who were consequently unswayed by favour or affection in bestowing it.

Hamburg, May 6th, 1837.

Sir,—In handing you this fourth volume of their publication—which they have taken the liberty of dedicating to you—the editors of the “*Journal of General Medicine*” feel persuaded they could not have better ornamented their work than by prefacing it with the name of him whose incessant labours in the field of medicine and physiology have so essentially contributed towards the advancement of our science. They have, therefore, not only hastened, in this part of their journal, to lay copious extracts of your “*Elements of Hygiène*” before the German public, but they intend giving to their learned readers further extracts of your last publication—“*General Therapeutics, or Principles of Medical Practice*”—and from all such works as they yet hope to see from so able a pen.

Trusting that you will deign to accept this volume of their journal, they have the honour to sign

Your most obedient,

The editors of the *Journal of General Medicine*.

DR. OPPENHEIM, *Redacteur en Chef*.

Dr. R. Dunglison, Prof., Philadelphia.

#### BOOKS RECEIVED.

*From Dr. Oppenheim, the editor-in-chief.*—*Zeitschrift für die gesammte Medicin, mit besonderer Rücksicht auf Hospitalpraxis und ausländische Literatur.* Herausgegeben von J. F. Dieffenbach, in Berlin, J. C. G. Fricke, und F. W. Oppenheim, in Hamburg. Vierter Band, mit zwei Steintafeln. 8vo. 560 s. Hamburg, 1837.

[A presentation copy of the volume, which the distinguished editors have dedicated to the editor of this journal.]

*From Dr. Forbes, editor of the British and Foreign Medical Review.*—*Klinische Mittheilungen* von Dr. F. A. G. Berndt, Königl. geheimen Medizinal-Rathe, ordentlichem Professor der praktischen Medizin und der Geburtshülfe, Director der medizinischen und geburtshülflichen Klinik bei der Universität zu Greifswald, u. s. w. 8vo. 2 Heft. pp. 166 and 195. Greifswald, 1833, 1834.

*From the same.*—*Erfahrungen über die Anwendung der Kälte in Krankheiten.* Von J. D. Brandis, M. D. Königl. Dänish Leibarzte, u. s. w. 8vo. pp. 116. Berlin, 1833.

*From the same.*—*De Lipomatum Natura et Indole.* Dissertatio Inauguralis quam, &c. &c., publice defendet Auctor Bruno Linck, Silesius. 8vo. pp. 48. Berolin, 1835.

*An Elementary System of Physiology.* By John Bostock, M. D., F. R. S., &c. &c. Third edition. 8vo. pp. 887. London, 1836.

Vol.

In t  
bidly  
on wh  
class  
the me

To  
most  
means  
is dev  
same  
the lin  
system

So f  
system  
becom  
rants  
esteem  
reputat

It is  
of refr  
operan  
the rep  
writer

which,  
for cal  
the sto  
tial ab  
occasio  
by a si  
body.”

Now

<sup>1</sup> Gen  
<sup>2</sup> Pha  
VOL.